Unity Network®
Patient Data Server (PDS)
Operator's Manual

Software Version 1

2016777-001 Revision A

GE Medical Systems
Information Technologies

gemedical.com

NOTE:

The information in this manual only applies to Unity Network Patient Data Server software version 1. Due to continuing product innovation, specifications in this manual are subject to change without notice.

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CE Marking Information

CE

Compliance

The Unity Network Patient Data Server application bears CE mark CE-0459 indicating its conformity with the provisions of the Council Directive 93/42/EEC concerning medical devices and fulfills the essential requirements of Annex I of this directive. The product is in radio-interference protection class A in accordance with EN 55022.

The country of manufacture can be found on the equipment labeling.

The product complies with the requirements of standard EN 55024.

The safety and effectiveness of this device has been verified against previously distributed devices. Although all standards applicable to presently marketed devices may not be appropriate for prior devices (i.e. electromagnetic compatibility standards), this device will not impair the safe and effective use of those previously distributed devices. See user's information.

Exceptions

The Unity Network Patient Data Server EMC: Immunity Performance

There are no Safety and/or EMC compliance exceptions with this product.

Users should be aware of known RF sources, such as radio or TV stations and hand-held or mobile two-way radios, and consider them when installing a medical device or system.

Be aware that adding accessories or components, or modifying the medical device or system may degrade the EMI performance. Consult with qualified personnel regarding changes to the system configuration.

General Information

- This manual is an integral part of the product and describes its intended use. It should always be kept close to the care giver using the equipment. Observance of the manual is a prerequisite for proper product performance and correct operation and ensures patient and operator safety.
- The symbol ⚠ means ATTENTION: Consult accompanying documents.
- Information which refers only to certain versions of the product is accompanied by the model number(s) of the product(s) concerned. The model number is given on the nameplate of the product.
- The warranty does not cover damages resulting from the use of accessories and consumables from other manufacturers.
- GE Medical Systems *Information Technologies* is responsible for the effects on safety, reliability, and performance of the product, only if:
  - assembly operations, extensions, readjustments, modifications, or repairs are carried out by persons authorized by GE Medical Systems *Information Technologies*;
  - the electrical installation of the relevant room complies with the requirements of the appropriate regulations; and,
- All publications conform with the product specifications and applicable IEC publications on safety and essential performance of electromedical equipment as well as with applicable UL and CSA requirements and AHA recommendations valid at the time of printing.
- The quality management system complies with the international standards ISO 9001 and EN 46001, and the Council Directive on Medical Devices 93/42/EEC.

Contents

1

General 1-1

About This Manual 1-3
Manual Purpose 1-3
Intended Audience 1-3
Revision History 1-3

Manual Conventions 1-4
Product References 1-4
Frequently Used Terms 1-4
Software Packages 1-4
Device Compatibility 1-5

2

Safety 2-1

For Your Safety 2-3
Intended Use 2-3
Terminology 2-3
Safety 2-4
Underwriters Laboratories, Inc. 2-5

3

Equipment Overview 3-1

Unity Network Patient Data Server 3-3
Data Storage Rules 3-3
Overlapping Data Rules 3-4
User Interface 3-4

4

Patient Data Collection Scenarios 4-1

Admit/Discharge Scenarios 4-3
General Guidelines 4-3
Collect Patient Data Legend 4-4
Admit with a PID 4-4
Admit without a PID 4-5
Admit without a PID: Before Monitor Comes On-line 4-5
Admit with PID: Monitor Off-line Before Discharge 4-6
No PID Before Discharge or Monitor Off-line 4-6

Patient Transport Scenarios 4-7
General Guidelines 4-7
Patient Transport Legend 4-7
PID Before Transport 4-8
PID During Transport 4-9
Transport via TRAM 4-10
Transport Via a Wireless Dash Monitor 4-11

Patient Transfer Scenarios 4-12
General Guidelines 4-12
Patient Transfer Legend 4-12
Off-line Transfer 4-13
Discharge After Transport 4-14
Pre-Admit Before Transport 4-15

Combination Mode Scenarios 4-16
General Guidelines 4-16
Combination Mode Legend 4-16
Switch From Telemetry to Combo Mode and Back to Telemetry 4-17
Switch From Bedside to Combo Mode and Back to Bedside 4-18

Third-Party Acquisition Device Scenarios 4-19
General Guidelines 4-19
Third-Party Acquisition Legend 4-20
Bedside Monitor/Unity Network ID 4-21
Unity Network ID/Bedside Monitor 4-22

Data Storage and Post Discharge Viewing Scenarios 4-23
General Guidelines 4-23
Data Storage Legend 4-23
View 72 Hours of Data 4-24
Post Discharge Viewing 4-25
Patient Re-admit after Discharge 4-26

1 General

For your notes

About This Manual

Manual Purpose

This manual contains the instructions necessary to understand how to use the Unity Network Patient Data Server (henceforth called PDS or the patient data server) safely and in accordance with its function and intended use.

This guide should be used in conjunction with the CIC Pro V4.0 (or greater) Operator's Manual which details how to view the information stored by the PDS.

Intended Audience

The manual is geared for clinical professionals. Clinical professionals are expected to have a working knowledge of medical procedures, practices and terminology as required to monitor critically ill patients.

The PDS is intended to be used with the CIC Pro V4.0 and other GEMS devices that reside on the Unity Network MC. It is assumed that users of this product are familiar with using the CIC Pro and other applicable GEMS medical devices connected to the Unity Network MC and understand how to admit, discharge and move patients.

Revision History

Each page of the document has the document part number and revision letter at the bottom of the page. The revision letter changes whenever the document is updated.

Revision	Date	Comments
A	9 October 2003	Initial release of this document.

Manual Conventions

This section describes terminology, standards, and other conventions that are used throughout this manual.

Product References

- The CIC Pro Clinical Information Center is referred to as the CIC Pro.
- A patient's identification or medical record number is referred to as PID.
- The Unity Network MC network is referred to as Unity Network.
- The Unity Network ID Connectivity Device is referred to as Unity Network ID.
- The Unity Network Patient Data Server is referred to as PDS or patient data server.

Frequently Used Terms

- Acquisition Device—A device used to acquire patient parameters which connects to the Unity Network (e.g. Dash/Solar monitors, Telemetry transmitters, etc.).
- Admit—The admit option on the acquisition device or CIC Pro has been selected.
- Association Mode—Association mode allows the connection of non-GEMS devices to a monitor for consolidated viewing and data transmission.
- Combo Mode—Combination mode is utilizing telemetry transmitters to acquire parameters that are displayed at the bedside monitor.
- Discharge—The discharge option on the acquisition device or CIC Pro has been selected.
- Monitoring Session—The data gathered by an acquisition device from admit to discharge.
- On-line—The acquisition device is connected (wired or wireless) to the Unity Network.
- PDS Enabled Device—A device that has been configured by the PDS system to record its data.

Software Packages

The PDS server software includes the Unity Network Patient Data Server (PDS) V1.

Device Compatibility

The PDS server will collect patient data from the following GE Medical Systems *Information Technologies* monitoring products. Any other Unity Network compatible products will function per design without any interaction with the PDS. Please contact GE Medical Systems *Information Technologies* if you want to connect a device that is compatible but has a software version not listed.

Product	Software
ApexPro telemetry system	1.7, 2.0, 2.1, 2.2, 3.0.4
*CDT-LAN telemetry system (combo mode only)	5H, 6A. 6C, 6CA, 6D, 6DA
Dash 2000 patient monitor	1A, 2A, 2B, 3A
Dash 3000/4000 patient monitor	2B, 2C, 3A, 3B, 3C, 3D, 4A, 4B, 4C
Eagle 4000 patient monitors	6G
Octacomm connectivity device	2A, 2B, 2C, 2D, 2E
Solar 7000/8000 patient monitors	4C special
Solar 7000/8000 patient monitors	3C, 4B, 5B, 5D, 5E, 6A, 7B, 7C
Solar 8000M patient monitors	1A, 1B, 1C, 2A, 3D, 4C, 4D
Solar 9500 patient monitors	S9500-3A (S95)
Unity Network ID connectivity device	1A, 2A
*Octanet connectivity device	1A, 1B, 2A
CIC Pro clinical information center	4.0

* Devices are only supported when used with a compatible acquisition device.

NOTE

This list is subject to change without notice.

For your notes

2 Safety

For your notes

For Your Safety

Intended Use

The Unity Network Patient Data Server is intended for use under the direct supervision of a licensed healthcare practitioner. The intended use of the Unity Network Patient Data Server is to provide centralized intermediate term storage of patient centric events and physiological data on adult, pediatric and neonatal patients within a hospital or facility providing patient care. Patient events and physiological data stored at the Unity Network Patient Data Server can be accessed via any (authorized) device that implements the PDS data exchange protocol. The Unity Network Patient Data Server is NOT intended to be the sole source for patient data and is to be used in conjunction with the data at the bedside monitor and central monitoring station.

Terminology

The terms danger, warning, and caution are used throughout this manual to point out hazards and to designate a degree or level of seriousness. Familiarize yourself with their definitions and significance.

Hazard is defined as a source of potential injury to a person.

DANGER
Indicates an imminent hazard which, if not avoided, will result in death or serious injury.

WARNING
Indicates a potential hazard or unsafe practice which, if not avoided, could result in death or serious injury.

CAUTION
Indicates a potential hazard or unsafe practice which, if not avoided, could result in minor personal injury or product/property damage.

NOTE
Provides application tips or other useful information to assure that you get the most from your equipment.

Safety

The safety statements presented in this chapter refer to the equipment in general and, in most cases, apply to all aspects of the product.

The order in which safety statements are presented in no way implies order of importance.

Dangers

There are no dangers that refer to the equipment in general. Specific "Danger" statements may be given in the respective sections of this manual.

Warnings

WARNING

ACCURACY — If the data is not available via the patient data server or the accuracy of the data is questionable, the caregiver should access the information at the primary beside monitor. The Unity Network Patient Data Server is NOT intended to be the sole source for patient data and is to be used in conjunction with the data at the bedside monitor and central monitoring station. The primary monitor should always be reference before making any patient care decisions.

PROPER ADMIT/DISCHARGE — Proper admit/ discharge procedures for the acquisition device must be followed to ensure that data from the different patients is not mixed.

UNIQUE PATIENT ID — Each patient identification number (PID) must be a unique series of characters so that data from more than one patient is not stored in a single record.

Cautions

CAUTIONS

INSTRUCTIONS FOR USE — For continued safe use of this equipment, it is necessary that the listed instructions are followed. However, instructions listed in this manual in no way supersede established medical practices concerning patient care.

NEGLIGENCE — GE Medical Systems *Information Technologies* does not assume responsibility for damage to the equipment caused by improperly loaded software, failure or data loss due to not using a UPS.

OPERATOR — Medical software such as this patient data server must only be used by persons who have received adequate training in the use of such software and who are capable of applying it properly.

RESTRICTED SALE — U.S. federal law restricts this device to sale by or on the order of a physician.

Underwriters Laboratories, Inc.

Medical Equipment
With respect to electric shock, fire and mechanical hazards only in accordance with UL 1950-3, and CAN/CSA C22.2 NO. 950.

For your notes

3 Equipment Overview

For your notes

Unity Network Patient Data Server

The Unity Network Patient Data Server stores patient monitoring data that is collected from an acquisition device (e. g. patient monitor, telemetry transmitter, etc.) and allows it to be viewed from a CIC Pro with software version 4 or greater.

All data is stored under the patient's identification or medical record number (PID), which must be entered while the patient is admitted and on-line. The PDS stops saving data if the acquisition device goes off-line or is discharged. The stored patient data can be viewed from any PDS enabled CIC Pro on a Unity Network, for more detailed information regarding viewing patient data, refer to the *CIC Pro Clinical Information Center Operator's Manual*.

Data Storage Rules

Proper admit/discharge procedures for the acquisition device must be followed to ensure that data from the different patients is not mixed.

- A valid PID must be entered for a device prior to the acquisition device being discharged or the acquisition device's network status changing to off-line for the record to be stored.
- Every PID must be unique to prevent different patient's data from being mixed.
- Any changes to a PID after it is entered will result in a new PDS record.
- The PDS does not store off-line data.
- The CIC Pro allows the user to select a data source when viewing trends and alarm histories. The bedside option allows for viewing of all data stored on that acquisition device. The PDS option allows for viewing of trends and alarm histories acquired from any acquisition device that has been on-line and admitted with a unique PID in the past 72 hours.
- The PDS stores up to 72 hours of trends and 500 alarm histories per patient.
- The PDS stores both periodic and episodic parameters collected from an acquisition device. A detailed list of supported parameters is included in the *Unity Network Patient Data Server Administrators Manual* (PN 2016777-020).
- To view stored data for a discharged patient, you must admit an acquisition device using the patient's PID.

Overlapping Data Rules

If two acquisition devices are admitted with the same PID, the PDS provides all non-overlapping parameters for both devices and all alarm histories.

The rules that govern overlapping parameters vary by type of data:

1. For overlapping **periodic** parameters, the PDS provides the parameter with the first admit time. For example:

   a. The patient is admitted to an acquisition device A with a PID. This acquisition device is acquiring ECG and SpO2 data.

   b. The same patient (or other patient) is admitted to acquisition device B with the same PID from step (a). This acquisition device is acquiring ECG only.

   In this scenario, ECG is the overlapping parameter since it is collected at both acquisition devices. Only the ECG from device A will be viewable from the CIC Pro until device A is discharged or the parameter is no longer acquired.

2. For overlapping **episodi**c parameters, the PDS provides the parameter with the first admit time. For example:

   a. The patient is admitted to an acquisition device A with a PID. This acquisition device is acquiring ECG and NBP data.

   b. The same patient (or other patient) is admitted to acquisition device B with the same PID from step (a). This acquisition device is acquiring NBP only.

   In this scenario, NBP is the overlapping parameter since it is collected at both acquisition devices. Only the NBP from device A will be viewable from the CIC Pro until device A is discharged.

3. For overlapping **alarm histories**, the PDS provides all history events (up to 500).

User Interface

Extended patient data stored on the PDS can only be viewed and printed from a CIC Pro v4 or greater. Refer to the *CIC Pro Clinical Information Center Operator's Manual* for additional information. Any degradation of system performance may result in a delay or inability to retrieve historical data from the device.

4 Patient Data Collection Scenarios

For your notes

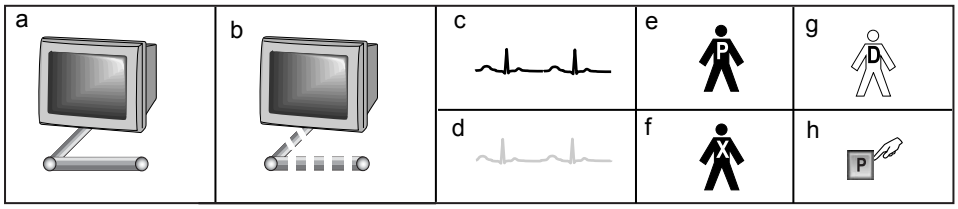
Admit/Discharge Scenarios

The following scenarios illustrate when data is stored during the normal admit/discharge sequence for a patient. These diagrams are intended to depict what data can be viewed after all actions have been executed in a specific scenario.

General Guidelines

- Proper admit/discharge procedures should be followed each time a new patient is connected to an acquisition device.
- A PID can be entered at any time between admit and discharge (or the acquisition device going off-line) for the record to be stored.
- Once a PID is entered, PDS will store all data from the time of admit (or acquisition device coming on-line) to the time of discharge (or the acquisition device going off-line).
- Until a PID is entered at the patient monitor, the PDS will only provide the patient data from that currently admitted patient monitor. Once a PID is entered, PDS will provide all patient data that has been collected for that patient.
- If a PID is not entered before discharge/off-line then no data, from the monitoring session, will be viewable from the CIC Pro once the monitor comes on-line or the patient is re-admitted.
- A PID can be entered while off-line. Off-line data will not be recorded; however, the PDS will begin collecting from the time the acquisition device is on-line.
- Once the PDS establishes a data record for a PID, the data record can only be viewed from a CIC Pro that has a patient admitted with that same PID. (e.g. ER data collected for PID-1 can be viewed in the ICU when PID-1 is admitted on the CIC Pro in the ICU.)
- The PDS will store up to 72 hours of trends (Graphical and Tabular).
- The PDS will store up to 500 alarm histories (400 arrhythmia events and 100 ST histories).

Collect Patient Data Legend



a. Acquisition device is on-line

b. Acquisition device is off-line

c. PDS data is viewable at the CIC Pro post discharge

d. PDS data is not viewable at the CIC Pro post discharge

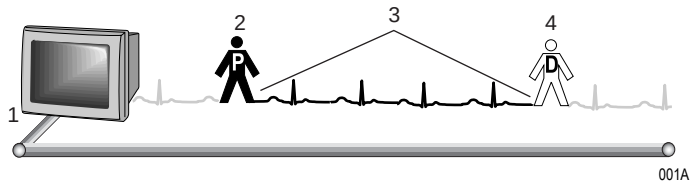
e. Patient is admitted with a PID

f. Patient is admitted without a PID

g. Patient is discharged

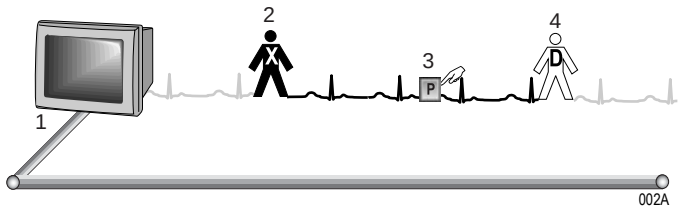
h. A PID is entered for the patient

Admit with a PID



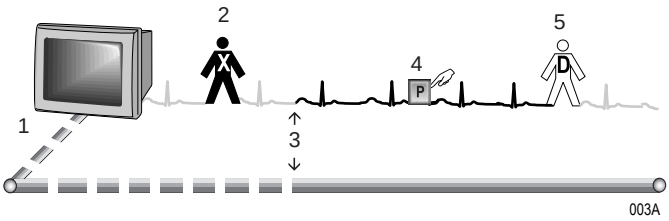
1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	The PDS will provide data for viewing from the time the patient is admitted until the patient is discharged or the acquisition device goes off-line.
4	The PDS stops collecting data once the acquisition device is discharged.

Admit without a PID



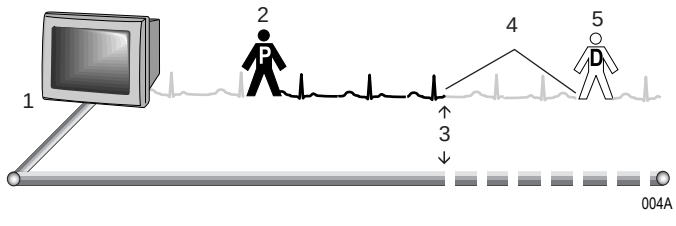
1	The acquisition device is on-line.
2	The patient is admitted without a PID at the monitor or CIC Pro. The PDS begins collecting data. **NOTE** A PID must be entered prior to discharge or the acquisition device going off-line for the patient data to be kept after discharge and viewable after transfer.
3	The PID is entered.
4	The PDS stops collecting data once the acquisition device is discharged.

Admit without a PID: Before Monitor Comes On-line



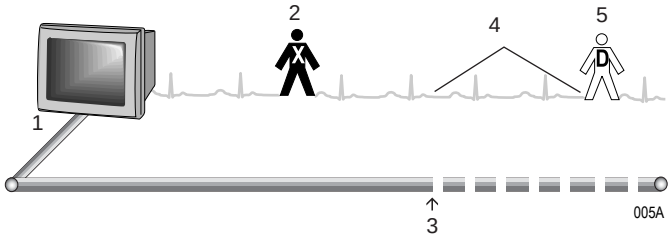
1	The acquisition device is off-line.
2	The patient is admitted without a PID, **this data will not be collected.**
3	The acquisition device comes on-line. The PDS begins collecting data. **NOTE** A PID must be entered prior to discharge or the acquisition device going off-line for the patient data to be viewable post discharge.
4	The PID is entered.
5	The PDS stops collecting once the acquisition device is discharged.

Admit with PID: Monitor Off-line Before Discharge



1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Prior to discharge the monitor goes off-line. The PDS stops collecting data and saves the record.
4	The data collected by the acquisition device while off-line is not stored by the PDS.
5	The acquisition device is discharged.

No PID Before Discharge or Monitor Off-line



1	The acquisition device is on-line
2	The patient is admitted without a PID at the monitor or CIC Pro. The PDS begins collecting data. **NOTE** A PID must be entered prior to discharge or the acquisition device going off-line for the patient data to be kept after discharge and viewable after transfer.
3	Prior to discharge the monitor goes off-line, PDS stops collecting data and DISCARDS the data. This data can no longer be viewed from the CIC Pro via the PDS.
4	The data collected by the acquisition device while off-line is not stored by the PDS.
5	The acquisition device is discharged.

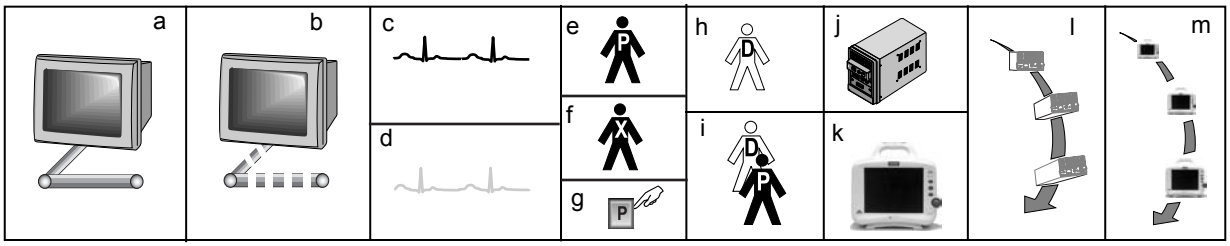
Patient Transport Scenarios

The following scenarios illustrate when data is stored during a transport from one location to another location on the same acquisition device.

General Guidelines

- The PDS does not record data while an acquisition device is off-line during a transport.
- DASH Rover mode (ability to change bed name without discharging the bed) does not impact how data is recorded by the PDS.
- PDS does not affect the acquisition device's ability to store patient data (on-line/off-line) via existing storage capabilities (TRAM modules, internal memory, etc.).

Patient Transport Legend



L2

a. Acquisition device is on-line

b. Acquisition device is off-line

c. PDS data is viewable at the CIC Pro post discharge

d. PDS data is not viewable at the CIC Pro post discharge

e. Patient is admitted with a PID

f. Patient is admitted without a PID

g. A PID is entered for the patient

h. Patient is discharged

i. Patient is discharged from one acquisition device and admitted to another

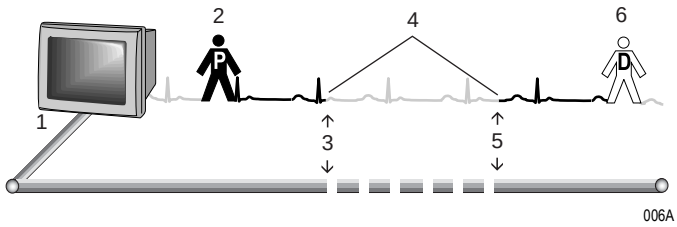
j. Tram module

k. Dash monitor

l. Tram module is being transported

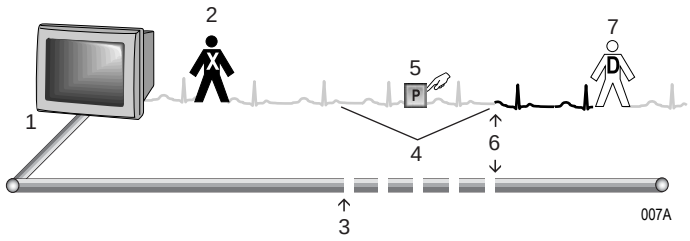
m. Dash monitor is being transported

PID Before Transport



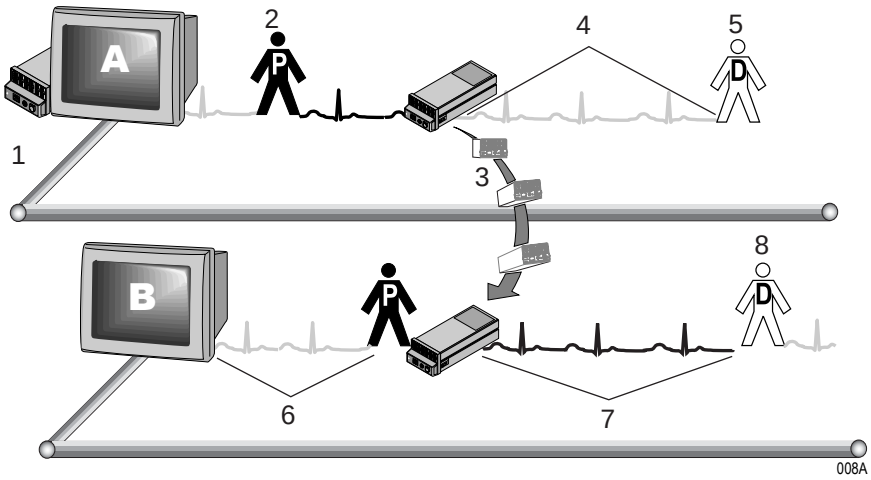
1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Prior to discharge the monitor goes off-line in order to transport the patient. The PDS stops collecting data and saves the record.
4	The data collected by the acquisition device while off-line is not stored by the PDS.
5	The PDS begins collecting data once the acquisition device comes back on-line and is still admitted with the same PID.
6	The PDS stops collecting data once the acquisition device is discharged.

PID During Transport



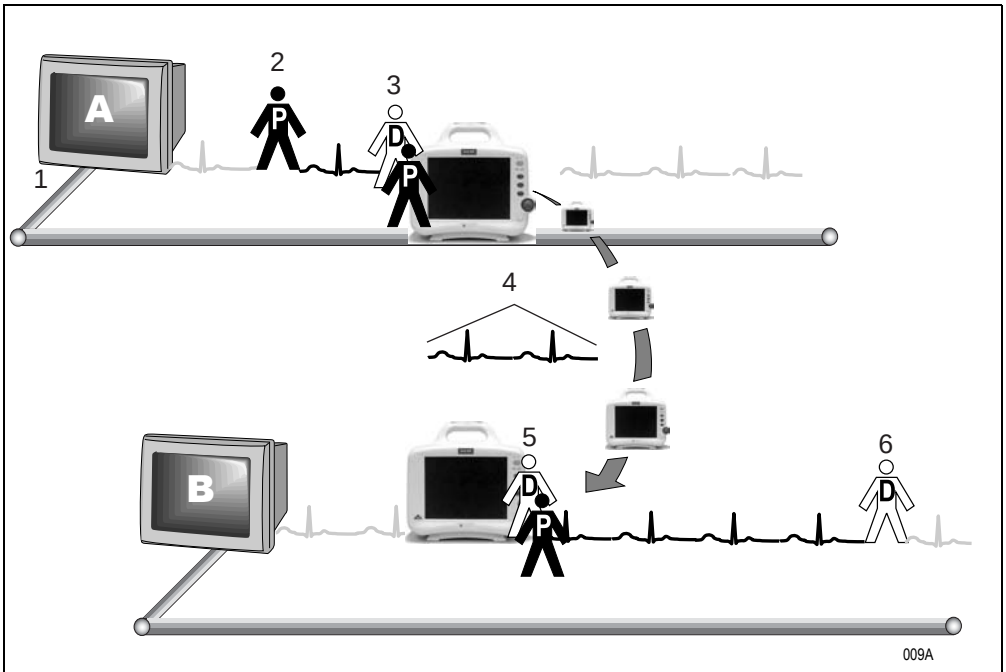
1	The acquisition device is on-line.
2	The patient is admitted without a PID at the monitor or CIC Pro. The PDS begins collecting data. **NOTE** A PID must be entered prior to discharge or the acquisition device going off-line for the patient data to be kept after discharge and viewable after transfer.
3	Prior to discharge the monitor goes off-line, PDS stops collecting data and DISCARDS the data. This data can no longer be viewed from the CIC Pro.
4	The data collected by the acquisition device while off-line is not stored by the PDS.
5	During transport a PID is entered.
6	PDS begins collecting data once the acquisition device comes back on-line and is still admitted with the same PID.
7	The PDS stops collecting data once the acquisition device is discharged.

Transport via TRAM



1	Acquisition device A is on-line with parameter data being acquired via the acquisition device and the Tram module.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Prior to discharge, the TRAM module is removed from the acquisition device in order to transport the patient.
4	The PDS stops collecting data for all parameters associated with the TRAM module that has been removed for transport. These parameters are now considered “off-line.” **NOTE** The PDS will continue to collect data from any active parameters until the acquisition device is discharged.
5	Acquisition device A is discharged. The PDS stops collecting data and saves the record.
6	The data collected by the TRAM module while off-line is not stored by the PDS.
7	The PDS begins collecting data once the TRAM module is connected to acquisition device B that is on-line and admitted with the same PID.
8	The PDS stops collecting data once the acquisition device B is discharged.

Transport Via a Wireless Dash Monitor



1	The acquisition device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Acquisition device A is discharged and the patient is admitted, with the same PID, to a wireless Dash monitor for transport.
4	The patient is transferred using a wireless Dash monitor. In this scenario, the DASH stays on-line so that no data is lost and the entire monitoring session including transport is collected by the PDS.
5	The Dash monitor is discharged and the patient is admitted with the same PID to acquisition device B. The PDS begins collecting data from acquisition device B.
6	The PDS stops collecting data once the acquisition device is discharged.

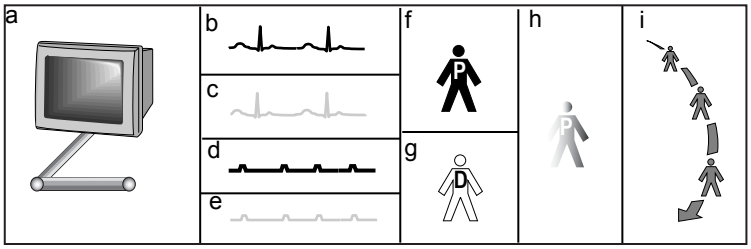
Patient Transfer Scenarios

The following scenarios illustrate when data is stored during a transfer from one acquisition device to another acquisition device in either the same or different care areas.

General Guidelines

- The PDS does not record data while an acquisition device is off-line during a transport.
- Non-overlapping data from both monitoring sessions (A and B) is viewable at any PDS enabled CIC Pro where the patient is admitted/ viewed.
- For overlapping parameters, refer to "Overlapping Data Rules" on page 3-4.

Patient Transfer Legend



a. Acquisition device is on-line

b. PDS data is viewable at the CIC Pro post discharge

c. PDS data is not viewable at the CIC Pro post discharge

d. Patient is on-line and in a leads fails condition

e. Patient is in a leads fails condition; however data is not viewable

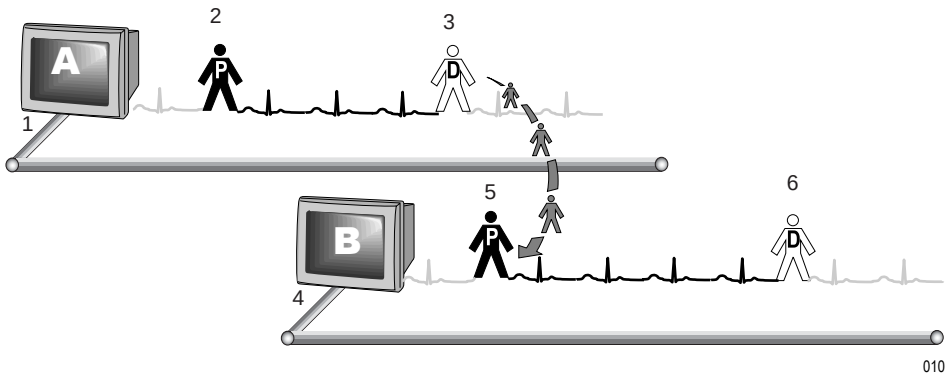
f. Patient is admitted with a PID

g. Patient is discharged

h. Patient is pre-admitted

i. Patient is being transferred

Off-line Transfer

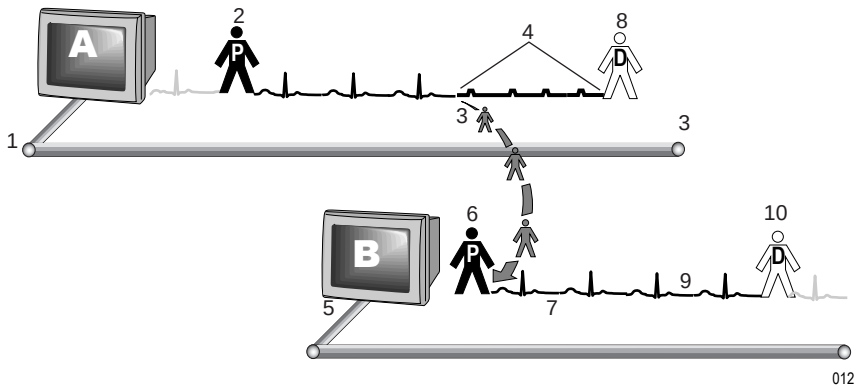


1	Acquisition device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	The acquisition device A is discharged and the patient is transferred to a new acquisition device. The PDS stops collecting data and saves the record.
4	Acquisition device B is on-line.
5	The patient is admitted with the same PID at the monitor or CIC Pro. The PDS continues collecting data for this PID.
6	The PDS stops collecting data once the acquisition device B is discharged.

NOTE

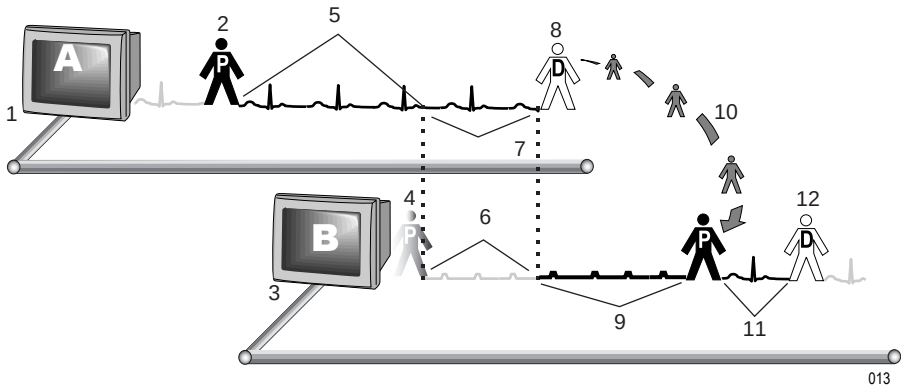
Data from both monitoring sessions (A and B) is viewable at any PDS enabled CIC Pro where the patient is admitted/viewed.

Discharge After Transport



1	Acquisition device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	The patient is transferred to acquisition device B without being discharged from acquisition device A.
4	Acquisition device A remains on-line and in a leads fail condition.
5	Acquisition device B is on-line.
6	The patient is admitted with the same PID at the monitor or CIC Pro. The PDS begins collecting data.
7	Since acquisition device A is not discharged and continues to be in a "leads fail" condition PDS will acquire data from 2 devices for the same PID. Data collected during this time will be viewable from the CIC based on the guidelines detailed in "Overlapping Data Rules" on page 3-4. In this scenario, the following information will be viewable while both devices are admitted with the same PID: periodic parameters from device B (since device A is in leads fail), episodic parameters that continue to be acquired by device A (if any) and all alarm histories from device A (if any) and B will be viewable
8	Acquisition device A is discharged.
9	All parameters collected by the PDS from acquisition device B are now viewable at the CIC Pro. The PDS begins collecting all parameter data from acquisition device B.
10	The PDS stops collecting data once the acquisition device B is discharged.

Pre-Admit Before Transport



1	Acquisition device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Acquisition device B is on-line.
4	The patient is pre-admitted with the same PID at the monitor or CIC Pro to acquisition device B prior to being discharged from acquisition device A. The PDS begins collecting data for acquisition device B.
5	Acquisition device A remains on-line and the PDS continues to collect data.
6	Acquisition device B remains on-line and in a “leads fail” condition.
7	Since acquisition device A was admitted first and any active parameters acquired by acquisition device B will remain in a “leads fail” condition (until the patient is connected to the acquisition device B), only the data from acquisition device A can be viewed at the CIC Pro. (This example assumes all parameters overlap.)
8	Device A is discharged.
9	All parameters collected by the PDS from acquisition device B are now viewable at the CIC Pro.
10	Patient is transferred to acquisition device B.
11	The PDS continues collecting data from acquisition device B.
12	The PDS stops collecting data once the acquisition device B is discharged.

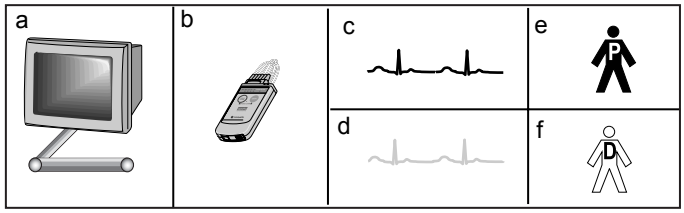
Combination Mode Scenarios

The following scenarios illustrate when data is acquired via telemetry systems but displayed on a networked bedside monitor utilizing Combination monitoring feature of the bedside monitor.

General Guidelines

- The PDS does not record data while an acquisition device is off-line.
- In Combo Mode, if the monitor and transmitter have different PIDS, any parameters collected from the transmitter will be recorded under the monitor's PID during combo mode. If the monitor is then discharged, the transmitter will return to the PID that it was admitted under.
- In Combo Mode, if the monitor does not have a PID and a PID is not entered prior to discharge/off-line then all data will be discarded.

Combination Mode Legend



a. Acquisition device is on-line

b. Telemetry Monitor

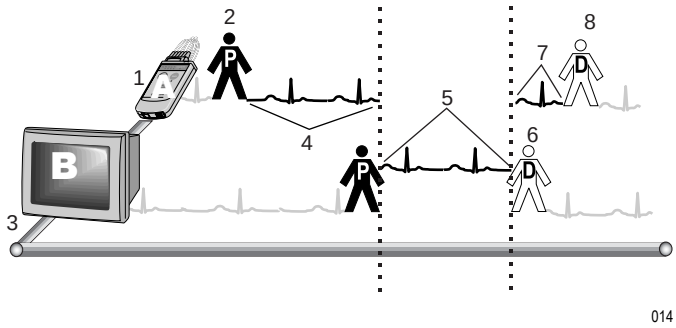
c. PDS data is viewable at the CIC Pro post discharge

d. PDS data is not viewable at the CIC Pro post discharge

e. Patient is admitted with a PID

f. Patient is discharged

Switch From Telemetry to Combo Mode and Back to Telemetry

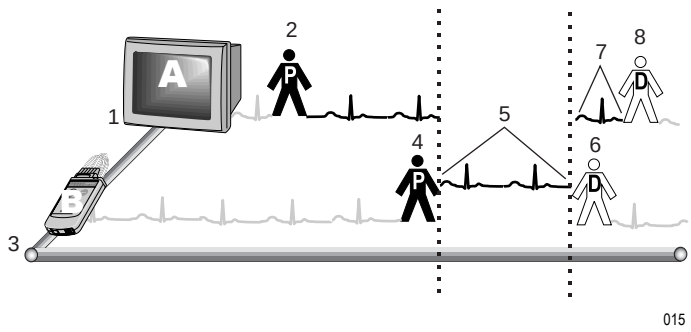


1	Telemetry device A is on-line.
2	The patient is admitted with a PID at the CIC Pro. The PDS begins collecting data.
3	Acquisition device B is on-line.
4	The patient is then admitted with the same PID to a bedside monitor device B (without being discharged from acquisition device A) utilizing the Combo procedure in order to acquire additional parameters while still collecting the original parameters from acquisition device A.
5	Combo mode data is collected by the PDS.
6	The additional parameters collected via acquisition device B are no longer required so acquisition device B is discharged.
7	The PDS continues collecting data from acquisition device A.
8	The PDS stops collecting data once the acquisition device A is discharged.

NOTE

The Combo mode feature of the monitor will determine which ECG source is to be displayed on the monitor collected by the PDS.

Switch From Bedside to Combo Mode and Back to Bedside



1	Bedside monitor device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Acquisition device B is on-line.
4	The patient is then admitted with the same PID to a Telemetry device B (without being discharged from acquisition device A) utilizing the Combo procedure in order to allow patient mobility while still viewing the collected parameters at device A.
5	Combo mode data is collected by the PDS.
6	The telemetry mobility via device B is no longer required so device B is removed from combo monitoring.
7	The PDS continues collecting data from device A.
8	The PDS stops collecting data once the acquisition device A is discharged.

NOTE

The Combo mode feature of the monitor will determine which ECG source is to be displayed on the monitor collected by the PDS.

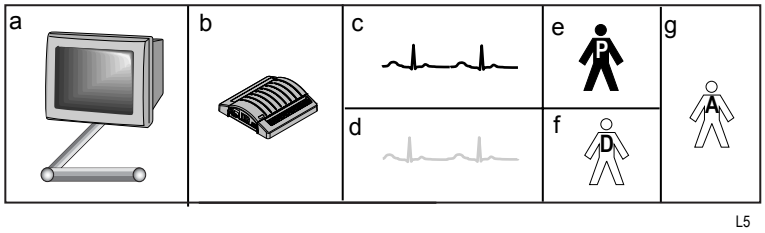
Third-Party Acquisition Device Scenarios

The following scenarios illustrate when data is stored, and which acquisition device data is stored from, when third-party acquisition devices are connected to the Unity Network via the Unity Network ID, Octacomm and Octanet devices. In general, the PDS does not record data while an acquisition device is off-line.

General Guidelines

- Third-party acquisition devices connected to an Octanet, via a Solar 8000M are viewed as a single acquisition device.
- Third-party acquisition devices connected to an Octacomm, are viewed as a separate acquisition device.
- Association Mode is only supported by Unity Network ID and Dash monitors, please refer to the Unity Network ID operators guide for further information.
- If a Unity Network ID device is not connected via Association Mode on the Dash monitor (or the M-Port on the Solar monitor) it is viewed by PDS as a separate device.
- If the monitor and Unity Network ID were admitted with different PIDs, then there will be two records until the Unity Network ID is connected to the monitor via Association Mode or the M-Port.
- Once the Unity Network ID is connected to the monitor via Association Mode, any parameters collected from the Unity Network ID will be stored under the monitor's PID. If the monitor is then discharged, the Unity Network ID will need to be admitted with a PID again for PDS to collect the data.
- If a PID is never entered for the monitor prior to discharge/off-line then PDS will not store the data collected.
- If the Unity Network ID had a PID entered prior to Association Mode, that data will be stored but no data will be collected after association mode until the Unity Network ID is readmitted with a PID.

Third-Party Acquisition Legend



a. Acquisition device is on-line

b. Unity Network ID

c. PDS data is viewable at the CIC Pro post discharge

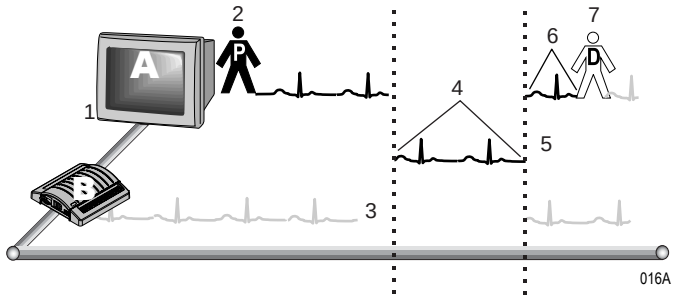
d. PDS data is not viewable at the CIC Pro post discharge

e. Patient is admitted with a PID

f. Patient is discharged

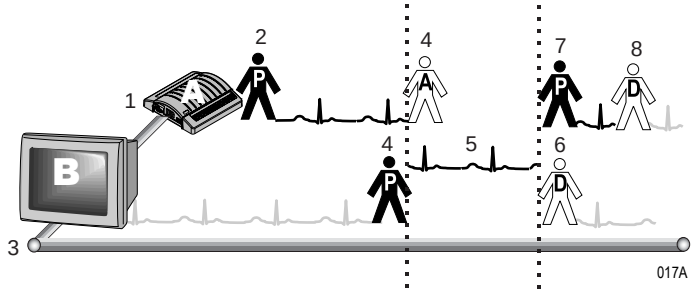
g. Patient is automatically discharged

Bedside Monitor/Unity Network ID



1	Bedside Monitor device A is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	Unity Network ID device B is connected to the bedside monitor (via Association Mode on the Dash monitor or the M-Port on the Solar monitor) in order to acquire additional parameters and is on-line.
4	Device A and B data is collected by the PDS.
5	The additional parameters acquired via device B are no longer required so device B is disconnected.
6	The PDS continues collecting data from device A. The PDS stops collecting data once the acquisition device A is discharged.

Unity Network ID/Bedside Monitor



1	Unity Network ID device A is on-line.
2	The patient is admitted with a PID at the CIC Pro. The PDS begins collecting data.
3	Acquisition device B is on-line.
4	To acquire additional parameters while still collecting the original parameters from device A the patient is admitted with the same PID to a bedside monitor device B (via the Association Mode on the Dash monitor and the M-Port on the Solar monitor). This action discharges acquisition device A.
5	Device A and B data is collected by the PDS.
6	The additional parameters collected via device B are no longer required so device B is discharged.
7	The PID MUST BE REENTERED for device A at the CIC Pro. The PDS continues collecting data from device A.
8	The PDS stops collecting data once the acquisition device A is discharged.

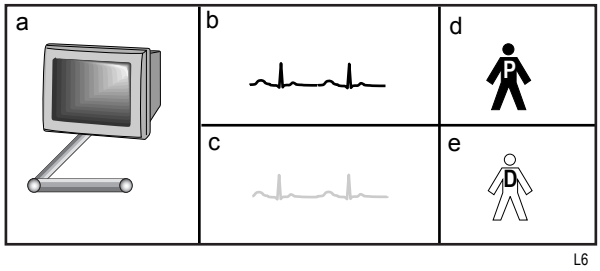
Data Storage and Post Discharge Viewing Scenarios

The following scenarios illustrate how much data is stored during the normal admit/discharge sequence for a patient.

General Guidelines

- If a patient is re-admitted within 72 hours their data will be combined with the existing records. Any data older than 72 hours will have been deleted.
- After 72 hours of no new data for a PID, the PDS will not have any data stored for that PID.

Data Storage Legend



a. Acquisition device is on-line

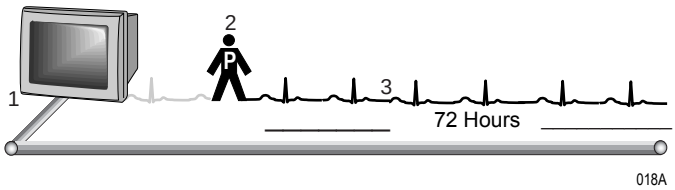
b. PDS data is viewable at the CIC Pro post discharge

c. PDS data is not viewable at the CIC Pro post discharge

d. Patient is admitted with a PID

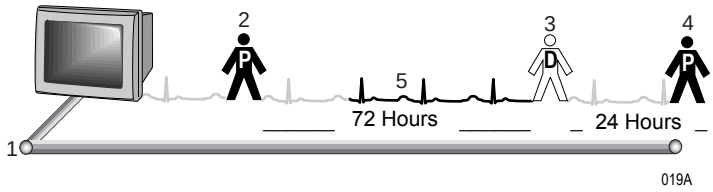
e. Patient is discharged

View 72 Hours of Data



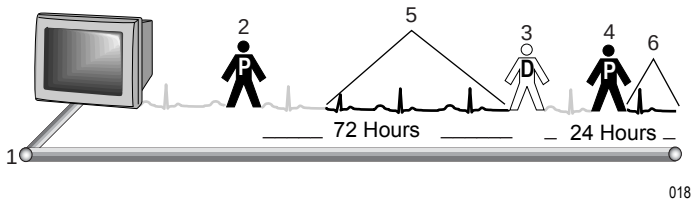
1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	The PDS will provide data for viewing from the time the patient is admitted until the patient is discharged or the acquisition device goes off-line. In this scenario the patient has been monitored (under the same PID) by at least one PDS enabled device for 72 hours. The most recent 72 hours of trends and up to the last 500 alarm histories can be viewed from the CIC Pro where the patient is currently admitted with the same PID.

Post Discharge Viewing



1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	After 72 hours, the acquisition device is discharged and the PDS stops collecting data.
4	After 24 hours a care giver would like to review the patients info. To view this information, an open bed must be admitted from the CIC Pro with the same PID.
5	Since the PDS deletes data on a scrolling basis, there is only 48 hours of data available for viewing.

Patient Re-admit after Discharge



1	The acquisition device is on-line.
2	The patient is admitted with a PID at the monitor or CIC Pro. The PDS begins collecting data.
3	After 72 hours, the acquisition device is discharged and the PDS stops collecting data.
4	After 24 hours, a patient is re-admitted with the same PID at the monitor or CIC Pro. The PDS begins collecting data.
5	Since the PDS deletes data on a scrolling basis, there is only 48 hours of data available for viewing.
6	As the PDS continues to collect new data, old data is deleted.

Index

For your notes

A

About this manual
- Intended audience 1-3
- Manual purpose 1-3
- Revision history 1-3

C

Cautions 2-5
Compatibility 1-5
- ApexPro telemetry transmitter 1-5
- CDT-LAN telemetry system 1-5
- CIC Pro clinical information center 1-5
- Dash 2000 patient monitor 1-5
- Dash 3000/4000 patient monitor 1-5
- Eagle 3000 patient monitor 1-5
- Octacomm connectivity device 1-5
- Octanet connectivity device 1-5
- Solar 7000/8000 patient monitor 1-5
- Solar 8000M patient monitor 1-5
- Solar 9500 patient monitor 1-5

Conventions 1-4
- Compatibility 1-5
- Frequently used terms 1-4
- Product reference 1-4
- Software package 1-4

D

Dangers 2-4
Data storage rules 3-3

F

Frequently used terms 1-4

I

Intended audience 1-3

M

Manual purpose 1-3

P

Product reference 1-4

R

Revision history 1-3

S

Safety
- Cautions 2-5
- Dangers 2-4
- Intended use 2-3
- Terminology 2-3
- Warnings 2-4

Scenarios
- Combination mode 4-16
- Data storage and post discharge viewing 4-23
- Patient transfer 4-12
- Patient transport 4-7
- Third-party acquisition device 4-19

Software packages 1-4

U

Underwriters laboratories, inc. 2-5
Unity Network ID connectivity device 1-5
Unity network patient data server 3-3
User interface 3-4

W

Warnings 2-4

For your notes

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